County of Los Angeles Regional Park and Open Space District

Grant Application Form

This form and required attachments must be submitted for each project.

Project Name:	For District Use Only		
	Grant Number:		
	Drogram Managory		
Project Applicant:	Program Manager: Proposition Section(s)		
(Name of agency and mailing address)	Troposition Section(s)		
	Grant Amount Requested:		
	Total Project Cost:	\$	
	Source(s) of other funds:		
	Project Address:		
Count Applicantle Decrease that the Application Decolotic			
Grant Applicant's Representative Authorized in Resolutio	in:		
Name	Title	Phone	
Person with day-to-day responsibility for project (if differ	ent from authorized representative)	:	
Name	Title	Phone	
Brief Description of Project:			
Brief Description of Froject.			
Project Performance End Date: / /			
For Development Projects - Land Tenure:	For Acquisition Projects:	For Acquisition Projects:	
Project is acres.	Project is ac	res.	
Acres owned by Applicant (fee simple)	Acquired in fee	Acquired in fee simple by Applicant	
Acres available under a year lease	Acquired in other than fee simple (please explain)		
Acres - Other <i>(please explain)</i>			
I certify that the information contained in this project ap that I have read and understand the important informati			
that I have read and understand the important illiornati	on and assurances on the reverse sid	ic or ans torm.	
Signature of Applicant's Representative as shown in reso	lution.	Date	